



NO. _____

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
ZONING COMMISSION
City of Bridgeport, CT

Applicant: _____ Date: _____ 20
Owner or Tenant Only

Address of Work: _____ Zone: _____

On the _____ side of the street about _____ feet _____
North, South, East, West North, South, East, West
from _____ Block No. _____ Lot No. _____
Street

CAM Area: _____ Yes / No Wetlands: _____ Yes / No Historical: _____ Yes / No

Dimensions of Lot: _____

Size of Proposed Addition or Building: _____ No. of Stories: _____

Other Work: _____

Proposed Use: _____

Existing Use: _____

Previous Use and Date Discontinued: _____ Is Pre-Existing Right Claimed: _____
Yes-No

Signature: _____ Print Name: _____

If signed by agent, state title (attorney, builder, etc..) _____

Mailing Address: _____ Phone No.: () _____

INSTRUCTIONS
Fill Out This Application In Ink or Type

A detailed plot plan must be submitted with this application showing the proposed or existing lot and building dimensions and the location of all buildings in relation to the street line, side lot lines and rear lot line. NOTE: The occupancy and use of land, buildings and structures prior to the issuance of a Certificate of Zoning Compliance is prohibited. This is not the said certificate. Fees, payable at the time of making application, are not refundable and are in an amount established by the City Council.

EXPIRATION: *The Application for Certificate of Zoning Compliance approval shall expire 12 months from the date of approval unless a building permit has been issued and construction has commenced and is being diligently pursued.*

Fee Received: _____ Date: _____ 20 _____ By: _____

Plan and Application**C.A.M Approval****Final Inspection**